

§ 435.2

- 435.913 Case documentation.
- 435.914 Effective date.

REDETERMINATIONS OF MEDICAID ELIGIBILITY

- 435.916 Periodic redeterminations of Medicaid eligibility.
- 435.919 Timely and adequate notice concerning adverse actions.
- 435.920 Verification of SSNs.

FURNISHING MEDICAID

- 435.930 Furnishing Medicaid.

INCOME AND ELIGIBILITY VERIFICATION REQUIREMENTS

- 435.940 Basis and scope.
- 435.945 General requirements.
- 435.948 Requesting information.
- 435.952 Use of information.
- 435.953 Identifying items of information to use.
- 435.955 Additional requirements regarding information released by a Federal agency.
- 435.960 Standardized formats for furnishing and obtaining information to verifying income and eligibility.
- 435.965 Delay of effective date.

Subpart K—Federal Financial Participation

- 435.1000 Scope.

FFP IN EXPENDITURES FOR DETERMINING ELIGIBILITY AND PROVIDING SERVICES

- 435.1001 FFP for administration.
- 435.1002 FFP for services.
- 435.1003 FFP for redeterminations.
- 435.1004 Recipients overcoming certain conditions of eligibility.

LIMITATIONS ON FFP

- 435.1005 Recipients in institutions eligible under a special income standard.
- 435.1006 Recipients of optional State supplements only.
- 435.1007 Categorically needy, medically needy, and qualified Medicare beneficiaries.
- 435.1008 Institutionalized individuals.
- 435.1009 Definitions relating to institutional status.

REQUIREMENTS FOR STATE SUPPLEMENTS

- 435.1010 Requirement for mandatory State supplements.
- 435.1011 Requirement for maintenance of optional State supplement expenditures.

Subpart L—Option for Coverage of Special Groups

- 435.1100 Basis and scope.

42 CFR Ch. IV (10–1–01 Edition)

PRESUMPTIVE ELIGIBILITY FOR CHILDREN

- 435.1101 Definitions related to presumptive eligibility for children.
- 435.1102 General rules.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45204, Sept. 29, 1978, unless otherwise noted.

Subpart A—General Provisions and Definitions

§ 435.2 Purpose and applicability.

This part sets forth, for the 50 States, the District of Columbia, the Northern Mariana Islands, and American Samoa—

(a) The eligibility provisions that a State plan must contain;

(b) The mandatory and optional groups of individuals to whom Medicaid is provided under a State plan;

(c) The eligibility requirements and procedures that the Medicaid agency must use in determining and redetermining eligibility, and requirements it may not use;

(d) The availability of FFP for providing Medicaid and for administering the eligibility provisions of the plan; and

(e) Other requirements concerning eligibility determinations, such as use of an institutionalized individual's income for the cost of care.

[43 FR 45204, Sept. 29, 1978, as amended at 44 FR 17937, Mar. 23, 1979; 51 FR 41350, Nov. 14, 1986]

§ 435.3 Basis.

(a) This part implements the following sections of the Act and public laws that mandate eligibility requirements and standards:

402(a)(22) Eligibility of deemed recipients of AFDC who receive zero payments because of recoupment of overpayments.

402(a)(37) Eligibility of individuals who lose AFDC eligibility due to increased earnings.

414(g) Eligibility of certain individuals participating in work supplementation programs.

473(b) Eligibility of children in foster care and adopted children who are deemed AFDC recipients.

1619(b) Benefits for blind individuals or those with disabling impairments whose income equals or exceeds a specific SSI limit.